

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HEALTH AND RECOVERY SERVICES ADMINISTRATION
Olympia, Washington**

To: Maternity Support Services
(MSS)/Infant Case Management
(ICM) Providers,
CSD Regional First Steps
Coordinators
Managed Care Organizations
First Steps CBE Providers

Memorandum No: 09-55

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For information contact

1-800-562-3022 or go to:

<http://hrsa.dshs.wa.gov/contact/prucontact.asp>

From: Douglas Porter, Assistant Secretary
Health and Recovery Services
Administration (HRSA)

Supersedes # Memorandum: 07-21

Subject: Maternity Support Services/Infant Case Management: Updating and Clarifying Policy and Billing Instructions

Retroactive for dates of service on and after July 1, 2009, the Department of Social and Health Services (DSHS) made the following changes to **Maternity Support Services (MSS)**:

- Updated program definitions;
- Updated eligibility criteria;
- Changed policies regarding numbers of units;
- Changed policies regarding reimbursement for performance measures; and
- Implemented a transition plan.

Retroactive for dates of service on and after July 1, 2009, the DSHS made the following changes to **Infant Case Management (ICM)**:

- Updated program definitions;
- Updated eligibility criteria;
- Changed policies regarding numbers of units; and
- Implemented a transition plan.

Maximum Allowable Fees

Effective on and after July 1, 2009, visit HRSA's web site at <http://hrsa.dshs.wa.gov/RBRVS/Index.html>, to view the fee schedule.

Bill HRSA your usual and customary charge.

Maternity Support Services (MSS)

Updated Definitions

Retroactive for dates of service on and after July 1, 2009, DSHS deleted the following definitions:

- Childcare;
- First Steps;
- First Steps Childcare;
- Minimum interventions; and
- Units of Service.

Retroactive for dates of service on and after July 1, 2009, DSHS changed the definition of “Risk factors” to: “The biopsychosocial factors that could lead to poor birth outcomes.”

Updates to Eligibility Criteria

Retroactive for dates of service on and after July 1, 2009, DSHS made the following changes to eligibility requirements:

- Clients who are covered by the Medically Needy Program (MNP) may be eligible to receive MSS;
- Providers must use the MSS Prenatal Eligibility Tool to determine client eligibility for clients who enter MSS **during pregnancy**. Providers can download this tool online at: <http://hrsa.dshs.wa.gov/firststeps/index.htm>

Prenatal Eligibility Tool

The Department of Health (DOH) developed the following three levels of service as documented on the MSS Prenatal Eligibility Tool:

- **Basic Level of Service:** for clients with zero risk or one risk factor in column “A” and none in columns “B” or “C”;
- **Expanded Level of Service:** for clients identified with at least one risk factor in column “B” and none in column “C”; or
- **Maximum Level of Service:** for clients identified with at least one risk factor in column “C”.

If the client’s risk rises after the initial screening, the client may receive a higher level of service. The units used must be deducted from the new maximum allowed under the new service level.

Note: Providers may re-determine client eligibility post-pregnancy using the MSS Post-Pregnancy Eligibility Tool. Providers can download this tool online at: <http://hrsa.dshs.wa.gov/firststeps/index.htm>.

Clients who are screened and found eligible for a higher level of service post-pregnancy are eligible for the maximum number of units under the new level. The units already used during the prenatal period must be deducted from the maximum number allowed for the new level of service under which the client qualifies.

MSS Post Pregnancy Eligibility Tool

For clients who enter MSS *post-pregnancy and did not receive MSS prenatally*, providers must use the MSS Post-Pregnancy Eligibility Tool to determine client eligibility. Providers can download this tool online at: <http://hrsa.dshs.wa.gov/firststeps/index.htm>.

The DOH developed the following three levels of service as documented on the MSS Post Pregnancy Eligibility Tool:

- **PP Basic Level of Service:** For clients with no identified targeted risk factors or at least one risk factor in column “A” and none in columns “B” or “C”;
- **PP Expanded Level of Service:** For clients identified with at least one risk factor in column “B” and none in column “C”; or
- **PP Maximum Level of Service:** For clients identified with at least one risk factor in column “C”.

Policy Change Regarding Numbers of Units

DSHS allows clients **entering MSS during pregnancy** the following:

- A minimum of 1 unit, per client, per visit;
- **Clients eligible for the Basic Level of Service:** A maximum of 8 units, per client, for any combination of office and/or home visits during the MSS eligibility period;
- **Clients eligible for the Expanded Level of Service:** A maximum of 18 units, per client, for any combination of office and/or home visits during the MSS eligibility period; or
- **Clients eligible for the Maximum Level of Service:** A maximum of 40 units, per client, for any combination of office and/or home visits during the MSS eligibility period.

Note: All of the above are subject to the limitations in the MSS Transition Plan found on page 6 of this memo.

DSHS allows the following for clients who did not receive MSS during pregnancy and who are **entering MSS post-pregnancy only**:

- A minimum of 1 unit, per client, per visit;
- **Clients eligible for the PP Basic Level of Service:** A maximum of 6 units, per client, for any combination of office and/or home visits during the MSS eligibility period;
- **Clients eligible for the PP Expanded Level of Service:** A maximum of 10 units, per client, for any combination of office and/or home visits during the MSS eligibility period; or
- **Clients eligible for the PP Maximum Level of Service:** A maximum of 14 units, per client, for any combination of office and/or home visits during the MSS eligibility period.

Note: All of the above are subject to the limitations in the MSS Transition Plan found on page 6 of this memo.

Policy Change to Reimbursement for Performance Measures

Retroactive for dates of services on or after July 1, 2009, DSHS has discontinued reimbursement for the following performance measures:

- Family Planning; and
- Tobacco Cessation.

Maternity Support Services (MSS) Transition Plan

The information in this section applies to all clients who have received MSS **prior to July 1, 2009**. All clients must be evaluated for eligibility under the new program rules by **August 31, 2009**.

- Pregnant clients who are at 24 weeks gestation or less on July 01, 2009, will continue to be eligible to receive MSS using the following guidelines:
 - ✓ Apply the new MSS Prenatal Eligibility Tool to determine the maximum allowable units for the service level that the client qualifies for beginning July 1, 2009;
 - ✓ Do not deduct units used through June 30, 2009;
 - ✓ Information already documented in the client chart may be used to determine the appropriate service level;
 - ✓ Up to two units may be billed to conduct a face-to-face visit, if necessary, to gather information to determine the appropriate service level. If used, these units must be deducted from the maximum number of units allowed under the service level;
 - ✓ The completed tool, or an electronically generated record including the criteria described in the tool, is required to be kept in the client's chart; and
 - ✓ If the client's risk and service levels rise after the initial screening, the units used since July 1, 2009, must be deducted from the new maximum number of units allowed in the new service level.
- Clients that are past the 24 weeks gestation period, and post-pregnant clients who apply and are eligible on or before July 1, 2009:
 - ✓ Continue to be eligible up to the maximum number of units according to the current WAC 388-533-0345 and *MSS/ICM Billing Instructions*;
 - ✓ Must deduct the units used before July 1, 2009, from the maximum allowable units; and
 - ✓ Must be screened during the post-pregnancy MSS eligibility period for ICM eligibility using the new ICM Eligibility Screening Tool. This screening must be conducted in a face-to-face meeting with the client. Up to two MSS units of service may be billed within the maximum number of units allowed to conduct ICM eligibility.

Limitation Extensions (LEs): LEs are additional covered services after a client has received the maximum services allowed under specific healthcare program rules. DSHS defined these as “exceptions” under program definitions prior to July 1, 2009.

To request a limitation extension for Maternity Support Services (MSS), email a completed Fax/Written Request Basic Information DSHS form 13-756 to:

FirstStepsMessages@doh.wa.gov.

If you are unable to scan the request and send it electronically, please fax the request to 360-586-7868, Attention: Kathi LLoyd, and e-mail kathi.lloyd@doh.wa.gov that you have faxed the form.

NOTE: Requesting a limitation extension is not a guarantee of receiving approval. Each request will be reviewed on a case-by-case basis. When requesting a limitation extension, it is extremely important to submit supporting documentation to justify the request.

Infant Case Management (ICM)

Updated Definitions

Retroactive for dates of services on or after July 1, 2009, DSHS added the following definition:

Parent(s): a person who resides with an infant, provides the infant's day-to-day care, and is:

- The infant's natural or adoptive parent(s);
- A person other than a foster parent who has been granted legal custody of the infant; or
- A person who is legally obligated to support the infant.

Updated Eligibility Criteria

Retroactive for dates of services on or after July 1, 2009, DSHS made the following changes to the eligibility requirements for infant case management (ICM):

- Created the ICM Eligibility Screening Tool.
- Developed the following two levels of service:
 - ✓ **Lower ICM Contact Level**

This is for clients meeting at least one of the criteria listed in Column A of the ICM Eligibility Screening Tool.
 - ✓ **Higher ICM Contact Level**

This is for clients meeting at least one of the criteria listed in Column A of the ICM Eligibility Tool and whose parent(s) needs assistance in accessing resources related to at least one of the criteria listed in Column A. This is demonstrated by a checked box in Column B of the ICM Eligibility Screening Tool.

Policy Change Regarding Numbers of Units

DSHS allows clients **entering Infant Case Management (ICM)** the following:

- A minimum of 1 unit, per client, per visit;
- **Clients eligible for Lower ICM Contact Level of Service:** A maximum of 10 units of service, per client, for any combination of office and/or home visits during the ICM eligibility period; and
- **Clients eligible for Higher ICM contact Level of Service:** A maximum of 30 units of service, per client, for any combination of office and/or home visits during the ICM eligibility period.

ICM Transition Plan

All clients who are within the ICM eligibility period prior to **July 1, 2009**, will be transitioned into the new eligibility criteria using the process outlined in this section. The ICM eligibility period is the first day of the month following the month in which the maternity cycle ends, through the last day of the month of the infant's first birthday.

For all ICM clients receiving case management services prior to July 1, 2009:

- Step 1: Apply the new ICM Eligibility Screening Tool by August 31, 2009, and determine which of the following applies to the client:
- A. **Not Eligible for ICM**
 - B. **Eligible for Lower Level of ICM Contact**
 - C. **Eligible for Higher Level of ICM Contact**
- Step 2: Determine the maximum number of units the client may receive for the remainder of the ICM eligibility period:
- A. **Not Eligible for ICM:** Up to 3 units may be billed to close out client record. This includes the time necessary to apply the screening tool.
 - B. **Eligible for Lower Level of ICM Contact:** Clients determined to be eligible for the lower level of contact may receive up to the maximum number of units in the following chart. This includes the time necessary to apply the screening tool.

ICM Eligibility Period Begin Date	Maximum Billable Units for Lower Level Contact
September 2008	3
October 2008	4
November 2008	5
December 2008	6
January 2009	7
February 2009	8
March 2009	9
April 2009	10
May 2009	10
June 2009	10

- C. **Eligible for Higher Level of ICM Contact:** Clients determined to be eligible for the higher level of contact may receive up to the maximum number of units in the following chart. This includes the time necessary to apply the screening tool.

ICM Eligibility Period Begin Date	Maximum Billable Units for Higher Level Contact
September 2008	5
October 2008	8
November 2008	11
December 2008	14
January 2009	17
February 2009	20
March 2009	23
April 2009	26
May 2009	30
June 2009	30

Step 3 File the completed ICM Eligibility Screening Tool into the client record.

The number of units outlined in A – C assumes that the units are still available to individual clients as part of the 40 unit maximum. From July 1, 2009 – August 31, 2009, if a client needs more units than those prescribed in A – C, or if the prescribed units in A – C exceed the 40 unit maximum , a limitation extension (LE) may be requested.

Limitation Extensions (LEs): LEs are additional covered services after a client has received the maximum services allowed under specific healthcare program rules. DSHS defined these as “exceptions” under program definitions prior to July 1, 2009.

To request a limitation extension for Infant Case Management (ICM), email a completed Fax/Written Request Basic Information form DSHS 13-756 to June Hershey at hershjl@dshs.wa.gov.

If you are unable to scan the request to send electronically, please fax the request to 360-664-4371 and send an e-mail to June Hershey that you have faxed the form to hershjl@dshs.wa.gov.

Note: Requesting a limitation extension is not a guarantee of receiving approval. Each request will be reviewed on a case-by- case basis. When requesting a limitation extension, it is extremely important to submit supporting documentation to justify the request.

How do I access WAMedWeb?

This is a resource for healthcare providers conducting business electronically with Washington State Medicaid. <http://wamedweb.acs-inc.com>.

Later in 2009, DSHS will replace its current Medicaid Management Information System with a new payment processing system named ProviderOne. When fully operational, ProviderOne will pay about 100,000 providers who serve the one million people qualifying for DSHS services each year. Please visit <http://hrsa.dshs.wa.gov/ProviderOne> for more information.

How Do I Conduct Business Electronically With DSHS?

You may conduct business electronically with DSHS by accessing the WAMedWeb at <http://wamedweb.acs-inc.com>.

How Can I Get DSHS/HRSA Provider Documents?

To obtain DSHS/HRSA provider numbered memos and billing instructions, go to the DSHS/HRSA website at <http://hrsa.dshs.wa.gov> (click the ***Billing Instructions and Numbered Memorandum*** link). These documents may be downloaded and printed.